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**FACSIMILE TRANSMISSION**

**CONFIDENTIAL**

DATE: September 1, 2004

CLIENT No.: 19502

**To:**

NAME	FAX NO.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM: Brian M. Hoffman, Reg. No. PHONE: (415) 875-2484  
39,713

NUMBER OF PAGES WITH COVER PAGE: 9      ORIGINAL WILL NOT FOLLOW

**MESSAGE:**

Attached are Requests for Withdrawal as Attorney or Agent in the following applications:

09/333,724  
10/071,797  
09/538,602  
09/334,131  
09/843,614  
09/754,650  
10/652,850

**CAUTION - CONFIDENTIAL**

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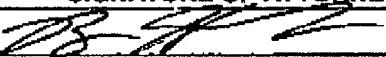
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19502/01000/SF/5127768.1

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	N/A
		Filing Date	N/A
		First Named Inventor	N/A
		Examiner	
		Group Art Unit	
Total Number of Pages In This Submission	6	Attorney Docket Number	

<b>ENCLOSURES (check all that apply)</b>	
<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos.
<input type="checkbox"/> Check Enclosed	09/333,724
<input type="checkbox"/> Return Receipt Postcard	10/071,787
<input type="checkbox"/> Response to Notice to File Missing Parts	09/538,602
<input type="checkbox"/> Assignment & Recordation Cover Sheet	09/334,131
<input type="checkbox"/> Declaration	09/843,614
<input type="checkbox"/> Power of Attorney	09/754,650
<input type="checkbox"/> Application Data Sheet	10/652,850
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	
<input type="checkbox"/> Copies of IDS Cited References	
<input type="checkbox"/> Request for Corrected Filing Receipt	
<input type="checkbox"/> Request for Correction of Recorded Assignment	
<input type="checkbox"/> Amendment/Response: [ ] Page(s)	
<input type="checkbox"/> After Final	
<input type="checkbox"/> Status Request	
<input type="checkbox"/> Revocation and Substitute Power of Attorney	
<b>REMARKS:</b>	

<b>SIGNATURE OF ATTORNEY OR AGENT</b>			
Signature:			
Attorney/Reg. No.:	Brian Hoffman, Reg. No. 39,713	Dated:	September 1, 2004

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>			
I hereby certify that the correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Brian Hoffman	Dated:	September 1, 2004
Facsimile Number:	1-703-872-9306		

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	<b>10/071,797</b>
Filing Date	<b>February 6, 2002</b>
First Named Inventor	<b>Timothy V. Travaille</b>
Group Art Unit	<b>2870 303</b>
Examiner Name	<b>Not yet known</b>
Attorney Docket Number	<b>19502-06563</b>

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To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to, and has requested, termination of the employment.

1.  The correspondence address is NOT affected by this withdrawal.

2.  **Change the correspondence address and direct all future correspondence to customer number 44367**

This request is made on behalf of myself and  
 all the attorneys/agents of record,  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number \_\_\_\_\_  
 on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Brian M. Hoffman
Signature	
Date	9/1/04

*NOTE: Withdrawal is effective when approved rather than when received.*

*Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*